

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/116589</div>	FILING DATE					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52		1				
3	1						53	1					
4		3					54		1				
5		3					55		1				
6	1						56		1				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10	1						60		1				
11		1					61		1				
12		1					62		1				
13		3					63						
14	1						64						
15		1					65						
16		1					66						
17		3					67						
18		3					68						
19		3					69						
20		3					70						
21	1						71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		2					100						
TOTAL IND.	19						TOTAL IND.	19		2			
TOTAL DEP.		65					TOTAL DEP.		65		3		
TOTAL CLAIMS							TOTAL CLAIMS	84		5			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

FORM PTO-1360 (REV. 3-78)

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